



|  |           |  |  |   |           |   |    |   |    |  |    |  |    |
|--|-----------|--|--|---|-----------|---|----|---|----|--|----|--|----|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |           | <b>Docket No. (Optional)</b><br>COTH-P02-514 |  |   |           |   |    |   |    |  |    |  |    |
| In re Application of Kurz et al.   |           |  |  |   |           |   |    |   |    |  |    |  |    |
| Application Number<br>10/725945  |           | Filed<br>December 1, 2003                    |  |   |           |   |    |   |    |  |    |  |    |
| For: METHODS FOR GENERATING CATALYTIC PROTEINS   |           |  |  |   |           |   |    |   |    |  |    |  |    |
| Art Unit<br>1634   |           | Examiner<br>Not Yet Assigned                 |  |   |           |   |    |   |    |  |    |  |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00 .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 .</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/><input type="checkbox"/> attorney or agent of record. Registration Number _____<br/><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) 55,745</p> <p>_____<br/>Date April 29, 2004</p> <p>_____<br/>Signature Xuqiong Wu<br/>(617) 951-7000<br/>Telephone Number Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p> |           |  |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$ 110.00 |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$        |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$        |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$        |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$        |  |  |   |           |   |    |   |    |  |    |  |    |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 4/29/04

Signature: Crena Soldano (Crena Soldano)